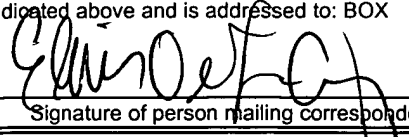


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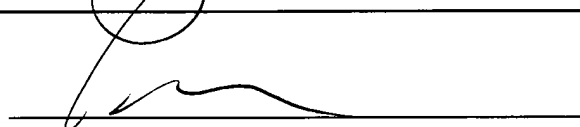
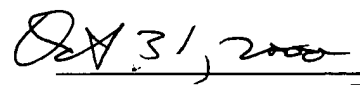
Certificate of Mailing	
Date of Deposit <u>October 31, 2000</u>	Label Number: <u>EL509049340US</u>
<p>I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.</p>	
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	50026/025001
Applicants	TSUYOSHI TOKUSUMI, AKIHIRO IIDA, MAMORU HASEGAWA, AND YOSHIYUKI NAGAI
Title	PARAMYXOVIRUS VECTORS USED FOR TRANSFER OF FOREIGN GENES
PRIORITY INFORMATION:	
This application claims priority from prior foreign patent application JP2000/152726, filed May 18, 2000, in Japan.	
APPLICATION ELEMENTS:	
Cover sheet	1 pages
Specification	26 pages
Claims	2 pages
Abstract	1 page
Drawing	7 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	2 pages
Sequence Listing on Paper	8 pages
Sequence Listing on Diskette	1 disk

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Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired.	1 page
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 9 -20 x \$9	\$0.00
Excess Independent Claims Fee: 2 -3 x \$40	\$0.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$355.00
<input checked="" type="checkbox"/> Enclosed is a check for \$355.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
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 Signature	 Date